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ABSTRACT

Intended for use in inservice training of vocational rehabilitation agency personnel, this facility planning guide is designed to (1) help state agencies understand the new facility planning requirements of the Rehabilitation Comprehensive Services and Developmental Disabilities Amendments of 1978, (2) provide information about a six-step planning process which can be used to develop a state agency facility plan, and (3) suggest a possible outline for a written state agency facility plan. An introductory section provides an overview of the amendments which require state agencies to include plans for development and utilization of rehabilitation facilities in their state plans and program and financial plans. Each succeeding section is devoted to one step in the planning model which was developed during a short-term training seminar: (1) policy statement, (2) needs assessment, (3) resource assessment, (4) prioritized goals, (5) implementation plan, and (6) evaluation design. A sample outline for organizing written plans is included along with four appendixes: comprehensive list of service needs, consideration of similar benefits checklist, similar benefits directory, and the Ohio Rehabilitation Services Commission Survey of Rehabilitation Facilities (a questionnaire). (PV)

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DEVELOPING STATE AGENCY FACILITY PLANS:
A GUIDE TO PLANNING AND IMPLEMENTATION

By

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FOREWORD

This publication is one in the Utilization Series developed by the Rehabilitation Research Institute at The University of Michigan (UM-RRI). All of the publications in this series are designed to provide information for vocational rehabilitation agency management staff which will help them identify and use specific procedures to enhance their planning and evaluation activities.

During FY 1979, the UM-RRI conducted a Short-Term Training program funded by the RSA Region V office for all eight agencies in that region. The training focused on the development of procedures for use in generating state plans for the utilization and development of facilities which would be incorporated with the state plan and program and financial plan according to the new requirements of the Rehabilitation Comprehensive Services and Developmental Disabilities Amendments of 1978. A special thanks is expressed to the following people who attended the training and contributed to the development of many of the ideas presented in this guide: Terry Simmons and Lolita Spinks of the Illinois Division of Vocational Rehabilitation; Ramesh Joshi, Ken Curtin, Gerald Hunter, and Donald Koors of the Indiana Rehabilitation Services; Jim Obranovic and Gerald Such of the Michigan Commission for the Blind; Ray Hinz, Lois Braford, Curt Eaton, and Geri Hansen of the Michigan Bureau of Rehabilitation; Marv Spears, David Nelson, Bob O'Connor, and Duane Sermon of the Minnesota Division of Vocational Rehabilitation; Andy Amid, John Caprio, Terry Etling, and Dennis Wysocki of the Ohio Rehabilitation Services Commission; and Fred Paul, Flossie O'Donnell, Diana

Triplett, and Michael Wonn of the Wisconsin Division of Vocational Rehabilitation. A special thanks is extended to the RSA Region V office staff, including George McCrowey, Dale Romesburg, and Ted Witham for their help and input throughout the grant period.

We hope that the use of this guide will support facility planning efforts in VR agencies throughout the country.

Don K. Harrison, Director
Rehabilitation Research Institute
School of Education
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PREFACE

The UM-RRI is developing a competency-based client-outcome program evaluation model for the state-federal vocational rehabilitation program (VR). The rehabilitation system is viewed as a series of components, which are designed to develop specific outcomes and client competencies. The utilization of rehabilitation facilities is a key service delivery procedure employed extensively by state VR agencies. States are currently required by the Rehabilitation Comprehensive Services and Developmental Disabilities Amendments of 1978 to include information about their plans for the development and use of rehabilitation facilities in both the comprehensive state plan and the program and financial plan. Although many states have developed facility plans previously, most states are now confronted with the need to examine their facility planning procedures and to develop specific facility-related input for inclusion in their agency's RSA required planning documents. This guide is intended to (a) help state agencies understand the new facility planning requirements of the 1978 rehabilitation amendments, (b) provide information about a six-step planning process which can be used to develop a state agency facility plan, and (c) suggest a possible outline for a written state agency facility plan.

This guide is intended not only to provide information, but also to guide agency staff through a planning process which will result in a written plan. It is intended for use in inservice training of agency personnel. The UM-RRI staff can provide consultation and training in this area. Any agency interested in further training or consultation

assistance should contact Dr. Juliet Miller, Program Director, UM-RRI,
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OVERVIEW OF THE STATE AGENCY FACILITY PLANNING PROCESS

Rehabilitation facilities are one resource available to a state vocational rehabilitation agency as it develops services to meet identified client needs. Planning for the state agency's use of rehabilitation facilities, therefore, needs to be integrated with the agency's general planning about how to use its financial resources to meet client needs. Planning for the utilization and/or development of facilities services needs to be coordinated with case service planning and to be related to services delivered by the VR agency personnel and by other rehabilitation programs within the state.

Planning for a state agency's use of rehabilitation facilities requires more than an inventory of the rehabilitation facilities that are available for use by the state agency. This is true because planning for facility use must respond to the overall agency goals and the anticipated service needs of clients. A simple inventory of rehabilitation facilities does not describe what the facility utilization goals will be, the methods by which these goals will be implemented, or the way in which facility services contracted for by VR will be evaluated.

Therefore, a comprehensive state agency plan for facility utilization and development will extend upward to consider basic policy decisions, an analysis of anticipated client service needs, and an inventory of available financial and program resources. Also, it will extend downward to a precise description of the implementation strategies which will be used by VR personnel to achieve the stated facility goals and to a clear design for program evaluation which will assess the achievement of the stated facility goals.

The Facility Planning Process

This publication is designed to guide VR facility section staff, in cooperation with other agency staff such as case services and management services staff, in the systematic process of developing a plan for the state agency's utilization and development of facility services.

During the short-term training seminar, the UM-RRI staff, in cooperation with the Regional Office staff and teams from the agencies in Region V, developed and elaborated a six-step planning model which can provide a basis for facility planning activities and for the development of a written facility plan. The following diagram describes this facility planning process, indicating the six steps in the process.

Facility Planning Process

Policy Statement

Needs Assessment

Resource Assessment

Prioritized Goals

Implementation Plan

Evaluation Design

Overview of Sections Contained in This Guide

The following sections are included in the guide to help you learn about the facility planning process and to develop a specific plan for

your agency.

1. Background on facility planning. This section provides an overview of the new facility planning requirements as stipulated in the Rehabilitation Comprehensive Services and Developmental Disabilities Amendments of 1978. Basically, these amendments require state agencies to include plans for the utilization of rehabilitation facilities in their state plans and program and financial plans. This section of the guide is condensed from a paper presented by George A. McCrowey, Rehabilitation Program Specialist, RSA Region V office, during the short-term training seminar.
2. Policy development. This section stresses the importance of initiating facility planning by developing policy statements which reflect official agency policy related to a number of issues. The section includes a description of the key policy issues which impact on the facility planning process.
3. Needs assessment. Needs assessment is an important step in the facility planning process. This activity provides information about the anticipated needs of VR clients, services which will be required to respond to these needs, and indications of the relative priority of specific needs.
4. Resource assessment. The facility planning process also requires information about a variety of programs offering services to disabled individuals within the state. This section of the guide suggests specific procedures for collecting and analyzing information about financial resources which are

available to the VR agency and specific services which are provided by facilities within the state.

5. Goal setting. A facility plan should include specific goals which indicate what service will be provided by which facility for which clients with what financial support from VR by what date. Too often, facility plans lack this specificity and, therefore, are difficult to implement and evaluate. This section of the guide helps you to learn how to set specific goals for utilization and development of facility services.
6. Implementation plan. Often facility plans neglect the area of implementation and evaluation. To insure the achievement of stated goals, it is important to include specific strategies which the VR agency staff will use to insure achievement of facility planning goals. This section of the guide helps you understand the range of possible implementation strategies and develop specific strategies related to your goals.
7. Design evaluation. Facility plans should also include a description of the data which will be used for evaluation. This section of the guide overviews four major evaluation areas including achievement of facility goals as stated in the facility plan, appropriateness of stated facility goals as compared to actual client needs, relative effectiveness of various facilities in providing the same services, and degree of utilization of existing facilities.
8. Outline for a state agency facility plan. This final section of the guide provides a sample outline which you might use to

organize your written plan for the development and utilization of facility services by your state agency. This outline is intended to help you relate the planning process which you have learned throughout the guide to the task of developing a written plan.

The Cooperative Planning Process

Another premise which permeates this guide is the assumption that facility planning is a cooperative process. During the training seminar, teams of staff from state agencies representing the facility section chief, facility specialists, program planners, program evaluators, and case service management staff worked cooperatively to design planning procedures and develop outlines for facility plans. Participants felt that this was an invaluable experience and that all agencies should consider using a planning team representing various sections of the agency when developing the state agency facility plan. Participants also stressed that, in addition to this team, it was important to seek input from other groups, such as other agency personnel, rehabilitation facility staff, consumer groups, VR clients, and the general public. This cooperative planning with input from diverse groups can provide a richness of information which makes facility plans more relevant to the real needs of clients and results in the efficient utilization of rehabilitation facility services by the state agency. It is recommended that as you use this guide, you form a team from your agency to be involved throughout the entire process.

BACKGROUND ON FACILITY PLANNING*

The Rehabilitation Comprehensive Services and Developmental Disabilities Amendments of 1978 call for several refinements in the direction of VR services. Some of these new directions are comprehensive services for the severely disabled, selected independent living programs, and expanded services to the vocationally handicapped. Of special interest to this audience, however, is the modification and elaboration of the 1975 commitment to the development of rehabilitation facilities which calls for the improvement of services provided through facilities.

The Vocational Rehabilitation Act of 1965 and the subsequent related Rehabilitation Services Administration (RSA) policy, gave major emphasis to the rehabilitation facility movement. The 1965 amendments granted funds to states for the development, maintenance, and funding of competency-based rehabilitation facilities. The 1965 policies stressed facility development through building and staffing grants and through case service agreements between the state agencies and the rehabilitation facilities. They implied an expansionistic orientation to facility development.

On the other hand, the 1978 amendments respond to the reality that states no longer have unlimited and ever increasing funds available for serving handicapped clients and that available resources (one of which is facility programs and services) must be prioritized. The new amendments encourage a careful process for evaluating the need for rehab-

* This section of the guide is an edited version of a paper presented by George A. McCrowey, Rehabilitation Program Specialist, RSA Region V office, during the short-term training seminar.

ilitation facility programs and services, for developing needed services, and for the evaluation and improvement of existing facility services and programs.

The legislative basis for VR's contact with rehabilitation agencies includes several sections describing how the interaction should be carried out. Such sections include the following:

1. Title I, Part A, Sec. 103(b)(2). Vocational rehabilitation services may include the construction or establishment of public non-profit rehabilitation facilities, etc.
2. Title I, Part A, Sec. 101(a)(6)(13). Assurance that facilities are used in compliance with the Architectural Barriers Act of 1968
3. Title III, Part A, Sec. 301. Construction and staffing of rehabilitation facilities
4. Title III, Part A, Sec. 302. Vocational training services to handicapped individuals
5. Title III, Part A, Sec. 303. Loan guarantees for rehabilitation facilities
6. All requirements for consumer involvement

However, the more specific requirements for careful planning of the state VR agency's use of rehabilitation facilities are in regard to the state plan and the program and financial plan (PFP).

The State Plan

In the state plan, assurances are given by the agency that its VR program will operate in accordance with the Rehabilitation Act of 1973,

as amended. In this act, there are specific requirements concerning the format of the state plan, including certain items regarding the state VR agency's use of rehabilitation facilities.

The Rehabilitation Comprehensive Services and Developmental Disabilities Amendments of 1978 (P.L. 95-602) include the following requirements for statewide rehabilitation facility utilization planning in the state plan:

1. The state plan shall contain the plans, policies, and methods to be followed in carrying out the state plan...including a description of the method to be used to utilize existing rehabilitation facilities to the maximum extent possible. (Title I, Part A, Section 101, Subsection a5[A])
2. The state plan shall provide appropriate means for entering into agreements with the operators of rehabilitation facilities for the promotion of services for the rehabilitation of handicapped individuals.... (Title I, Part A, Section 101, Subsection [a][12][B])
3. The state plan shall provide for continuing statewide studies of the needs of handicapped individuals and how these needs may be effectively met, including the capacity and condition of rehabilitation facilities plans for improving such facilities, and policies for use thereof by the state agency. (Title I, Part A, Section 101, Subsection [a][15])
4. The state plan shall provide for periodic review and reevaluation of the status of handicapped individuals placed in extended employment in rehabilitation facilities. (Title I,

Part A, Section 101, Subsection [a][16][A])

5. The state plan shall provide that when such state plan includes provision for construction of rehabilitation facilities, the federal share of the construction for a fiscal year will not exceed an amount equal to ten percent of the state allotment for such year. (Title I, Part A, Section 101, Subsection [a][17][A])

It is likely that federal regulations implementing the Rehabilitation Act of 1973 and its amendments will include requirements in several areas. These areas are:

1. Continuing statewide studies of the needs for rehabilitation facility services
2. An inventory of rehabilitation facilities and their services and of their utilization potential
3. Continuing evaluation of ways in which the effectiveness of rehabilitation facilities might be improved
4. A prioritized list of facility projects necessary to achieve short-range agency goals
5. The active participation of a representative group of VR service providers and service recipients
6. Availability of the state plan and of statewide studies to the public

Program and Financial Plan

This document is the basis of state agency program planning and implementation. It includes the agency goals and objectives, a des-

cription of management plans to use available funds, and a narrative justifying the proposed state program.

The narrative section of the PFP requires state agencies to address rehabilitation facilities and services in the following areas:

1. Changes in policy resulting from statewide studies and annual program evaluation of the effectiveness of the VR program, including facility programs and services, in reaching prioritized service goals
2. A summary of the projected need for construction, establishment, and improvement of rehabilitation facilities
3. A description of the issues in developing facility resources necessary to fulfill increasing emphasis on services for the severely handicapped, and an explanation of planned activities to meet this problem
4. An affirmative action plan for employment of handicapped persons

Summary

These requirements should clarify that facility programs and services are seen as one type of resource available to state agencies as they provide services to vocationally handicapped individuals. The state agency also has other resources to meet the overall need for services identified through statewide studies. A critical element of any planning will be how the state agency's use of rehabilitation facilities is coordinated with its other services to meet client needs.

Ideally, this planning and coordination should be done as if

there were no existing contracts between the state agency and rehabilitation facilities. Such planning would begin with an awareness of client needs, and then ask:

1. Who or what is the most feasible existing resource for the needed services?
2. If no resources exist for a particular need, then who should develop the services, where are they most needed, and how pressing is the need for developing new services?

Planning for the state agency's contracts with rehabilitation facilities, therefore, should not be done in isolation, but rather as part of the total planning process for meeting client needs, especially since states no longer have ever increasing funds for servicing clients and since the various uses of existing funds must be prioritized.

POLICY DEVELOPMENT

There are a number of policy issues related to the development of state agency facility plans. Before specific goals for the utilization and development of facilities can be developed, it is important to clarify agency policy related to several areas. The development of policy statements to guide the development and implementation of facility plans requires:

Policy Development Process

- * Identification of key policy issues related to state agency facility planning
- * Application of a systematic process to determine agency policy related to these identified policy issues

Policy Issues Related to Facility Planning

Through site visits to state agencies and interaction with agency personnel during training sessions, the following policy issues have been identified as important to the facility planning process.

Development vs. Fuller Utilization

- * How can the agency balance the need for the development of new facilities with the need for fuller utilization of existing facilities? State agency and regional office staff indicated the need to address the implications of limited VR monies for facility services. In the past, the development of new facilities has been a major goal. At present, there seems to be a need to focus on fuller utilization of existing facilities. Policy statements are needed to guide facility planning which achieves a reasonable balance between the development of new facilities

and the increased utilization of existing facilities.

State-Wide
vs. Regional
Planning

- * How can the agency coordinate the need for state-wide planning with the unique needs of various regions within the state? It is the intent of the state-federal rehabilitation program to provide equitable services to clients in all geographic regions of the state. Each state agency is required to develop a state plan to insure this equity. However, regional needs vary and it may be impractical to develop duplicate facility services for each region within the state. Policy statements are needed to guide the development of a facility plan which provides a balance between state-wide and regional needs.

Need for
Realistic
Plans

- * How can a facility plan become a realistic guide for action? Although many states have developed facility plans, there is a prevailing feeling that these plans are often too general to provide specific direction in practice. Also, there seems to be a tendency for these plans to be developed by the state agency facility section with limited input from field services and management staff. The Rehabilitation Amendments of 1978 require the coordination of the facility plan within the state plan. Policy needs to be developed to facilitate the input from various units within the agency into the facility plan.

Relationship
Between Agency
and Facilities

- * What type of relationship does the agency have with rehabilitation facilities? Most states participating in the training session agreed that there was a need to define the relationship between the agency and

Relationship
Between Agency
and Facilities

rehabilitation facilities. If this relationship is not defined, communication problems may occur. There was general agreement that a clearly stated facility plan which defines specific changes which are needed to improve existing services or to provide new services can increase the effectiveness of communication between the agency and facilities within the state. Policy statements are needed to define how the agency will clarify its service needs to facilities within the state.

Participation of
Outside Groups
in Planning

- * How can the agency utilize participatory planning in developing its facility plan? Facility plans specify client needs and describe facility services required to meet these needs. These plans can be developed primarily within the agency with little outside input or the agency can seek and incorporate input from such groups as consumers and facility representatives. Most states indicated that there is a need for input from these outside groups into the facility planning process. Policy statements can clarify the type of input which will be given to the facility plans and suggest procedures for insuring this input.

Need for
Funding
Coordination

- * How can funding sources be coordinated within the facility plan? State agencies have two major sources of monies for funding rehabilitation facilities. Grant monies are available for facility development and case service monies are available for the purchase of facility services. The states suggested that coordination of these two funding sources is crucial. There is the possibility that facilities will be funded for development, but once developed will not be adequately utilized by the

Need for
Funding
Coordination

field service staff. Policy statements can clarify the balance desired between grant and case service monies, and suggest guidelines to use in coordinating these two funding resources.

Coordination of
Similar Benefits

- * How can state agencies coordinate similar benefits with other agencies? The states indicated that a major change which is influencing state facility plans is the increase in programs which offer similar benefits to rehabilitation clients. Facility plans need to inventory programs which offer similar benefits and develop guidelines for coordinating these programs with the rehabilitation program. Policy statements are needed to guide the coordination of similar benefits, including procedures for establishing agreements with other agencies.

Developing Policy Statements

Staff from state agency facility planning sections indicated that it is often difficult to develop facility plans because there is a lack of clear policy statements. One training participant noted that when policy is not clearly stated, practice becomes policy. While policy development is the responsibility of the state agency director, it was noted that the facility section staff can encourage policy development by communicating key policy issues and possible policy options to the agency director. The following processes can be used to develop policy.

Identify
Policy Needs

- * The facility section staff can assume leadership in identifying areas in which there is a need for policy development. To identify and more clearly understand these policy areas, they might seek

Identify
Policy Needs

information from various sources. Some key sources are other units of the agency, consumer groups, facility representatives, the general public, RSA, and other state governmental agencies. Once key policy areas have been identified, it will be helpful to prioritize the importance of these areas, thus indicating which areas should be addressed first.

Generate
Policy
Options

- * In addition to providing the agency director with a list of prioritized policy areas, it will be helpful to generate several policy options for each area. The facility section, in cooperation with other agency units, can identify options and evaluate these options in terms of agency, facility, and consumer needs. Listing policy options and describing the advantages and disadvantages of each can support the policy development process.

Select
Preferred
Policy
Options

- * Once policy options have been developed, the agency director needs to coordinate the policy selection process. The method used to select policy will depend on the preference of the agency director. Usually, key agency management personnel are involved in the selection process, thus insuring input from all units. The director may also opt to involve outside groups such as facilities, consumer groups, and other governmental agencies in the selection process.

Develop
Policy
Statements

- * Once policy options have been selected, it is important to develop official policy statements which can be used to communicate new policies to various units within the agency. Policy provides a rationale for decision making. During training, participants emphasized the importance of communicating the

rationale for agency decisions to the public, the legislature, consumers, and facilities.

Implement
Policy

- * When policy statements are developed, they can be used to guide the implementation of policy. The facility section staff can use these policy statements to develop the facility plan. These statements can be used to guide the analysis of needs for facility services, to set goals for the development and utilization of facilities, and to evaluate the consistency of the facility plan with official agency policy.

A Plan for Developing Policy in Your Agency

The "Policy Development Form" on pages 22-23 will help you analyze and develop policy related to facility planning in your agency. For each of the policy development steps decide:

1. Who will be responsible for managing the completion of the step?
2. Which individuals and/or groups will be consulted for information and assistance? These may be persons both inside and outside the agency.
3. What specific procedures will be used to complete the policy development step?
4. What date will be set for the completion of each procedure?

To plan your policy development activities, complete these steps and record your decisions on the form:

Identify
Policy Needs

- * The Policy Review Form on page 24 can be used by the facility section staff to survey policy needs.

Identify
Policy Needs

This form can be completed by the facility section staff, staff from other agency units, and others outside the agency. The rating form can help you identify policy areas which are important to your agency for which there are currently no clear policy statements.

Policy
Options

- * Develop and list the procedures you will use to develop policy options. These options can be generated by the facility section staff with input from various sources such as field services staff, program development staff, program evaluation staff, program planning staff, agency administrators, consumer groups, facility representatives, and others.

Select
Policy

- * Develop and list procedures you will use to select policy. The agency director will determine the procedures to be used. Possible models include the agency director alone, the agency management team, or the facility section staff in collaboration with the agency director.

Develop
Policy
Statements

- * Develop and list procedures which will be used to develop written policy statements. Some possible methods are use of official minutes of the meetings in which policy decisions are made, statements developed by the agency director, statements developed by policy development specialists within the agency, or statements developed by the facility section staff which are endorsed by the agency director.

Implement
Policy

- * Develop and list procedures to be used to implement policy. Some considerations are how will the policy

Implement
Policy

be communicated both inside and outside the agency, to which facility planning decisions does the policy relate, how will the facility plan be developed to insure its consistency with policy, and how will the facility plan be implemented to insure compliance with the policy.

Policy Development Form

Step	Persons Responsible	Groups/Individuals to be Consulted	Procedures to be Used	Date to be Completed
1. Identify Policy Needs				
2. Generate Policy Options				
3. Select Policy Options				

Policy Development Form (Continued)

Step	Persons Responsible	Groups/Individuals to be Consulted	Procedures to be Used	Date to be Completed
4. Develop Policy Statement				
5. Implement Policy				

Policy Review Form

<u>Policy Questions</u>	<u>Importance to Agency</u>					<u>Policy Stated</u>	
	Very		Not			Yes	No
	Important	Important	Important	Important			
	1	2	3	4	5		
1. How can the agency balance the need for the development of new facilities with the need for fuller utilization of existing facilities?	—	—	—	—	—	—	—
2. How can the agency coordinate the need for state-wide planning with the unique needs of various regions within the state?	—	—	—	—	—	—	—
3. How can a facility plan become a realistic guide for action?	—	—	—	—	—	—	—
4. What type of relationship does the agency have with rehabilitation facilities?	—	—	—	—	—	—	—
5. How can the agency utilize participatory planning in developing its facility plan?	—	—	—	—	—	—	—
6. How can funding sources be coordinated within the facility plan?	—	—	—	—	—	—	—
7. How can state agencies coordinate similar benefits with other agencies?	—	—	—	—	—	—	—
8.	—	—	—	—	—	—	—
9.	—	—	—	—	—	—	—

NEEDS ASSESSMENT

Needs assessment is an important part of the facility planning process. It provides information about the anticipated needs of clients and, therefore, can assist in planning and specifying the exact nature of facility services which will be required in the future. A variety of data sources can be used to obtain needs information.

What Can You Learn From Needs Assessment Information?

You are interested in collecting needs information to be able to answer some key questions related to facility planning. These questions are:

- * What are the anticipated needs of VR clients who will utilize VR services?
- * What are the projected service needs of clients who will seek VR services?
- * How does the agency prioritize these needs for services?

Needs Questions

What Are The Needs Of Clients?

Agencies have a variety of information which indicates the prevalence of disabling conditions in the general population within the state. Participants at the seminar stressed the importance of realizing that these data do not necessarily indicate whether individuals have a need for VR services or what their specific service needs are. This means that you will need to find sources of information which describe

specific functional limitations and the impact that these limitations have on rehabilitation goals.

What Are The Projected Service Needs?

Once you have used various sources of needs information to identify functional limitations and their impact on vocational rehabilitation goals, you will want to begin to translate these limitations into actual services which will be needed by clients. Again, there are many sources of needs information which can help you do this. You will want to consider the service needs of clients who are already in your current case-loads and of clients whom you anticipate will seek services in the future. Turn to Appendix A and review the list of client needs developed by the Ohio Rehabilitation Services Commission. This is a comprehensive list which should help you identify the range of service needs to which your agency might respond.

What Are Your Priorities For Service?

A major theme of the seminar was the need for VR agencies to establish priorities describing how they will utilize limited VR monies. A final step in needs assessment is to analyze your identified service needs and to prioritize these needs to guide the resource allocation process. To guide this process of prioritizing, you will want to identify the criteria to be used and various groups, both within and outside the agency, whom you feel should be involved in the process.

Sources Of Needs Assessment Information

There are many sources of needs assessment information. Some of these sources are already available to you, while others will require further data collection. These sources include the following:

- * Management services staff within the agency have a variety of information which can help in identifying client needs.
- * The client services staff of the agency is a key source of needs assessment information. Participants in the seminar stressed the importance of gathering information from the client services staff. This information would include their observations about major client needs and their perceptions of facility services which are needed.
- * The agency management information system contains a variety of information which can be used to identify needs. The MIS system tracks client progress throughout the VR process and indicates the extent to which specific services are being utilized. This type of information can be used to estimate service needs for the future.
- * VR clients are a valuable source of needs information. It may be that you will want to conduct special interviews with clients or have them complete questionnaires which indicate both their specific needs for service and the general types of needs experienced by people in their disability groups.

Needs
Information
Sources

Needs
Information
Sources

- * Consumer groups are another source of needs information. You may want to collect information from consumer groups through interviews or public hearings. The collection of information from consumer groups will also help meet the federal requirements for outside input into state plans.
- * The staff of rehabilitation facilities also have important information about client needs. You may want to obtain this information through an analysis of required facility reports or through special surveys of facility staff.
- * Each state agency conducts a number of special studies. These special studies can be an important source of needs information. You will want to analyze studies which have been done in the past and also recommend future studies in areas where you have little information about client needs.

A Tentative Plan For Your Agency

In planning facility services needed by your agency, it is important to collect needs information to answer the three key questions. Follow these steps to develop a needs assessment plan for your agency. Use the "Needs Assessment Plan" on page 30 to record your planning activities.

Steps in
Developing a
Needs Assessment
Plan

- * Try to identify specific types of information sources related to the question: What are the needs of clients? Consult with various people within your agency to identify the specific information needed to answer this question. Then review the sources of data which were described

earlier in this section to identify the information sources required to describe client needs.

- * Now, identify specific information sources which can provide that information related to the second question: What services are needed? Again, there are a variety of sources of information which can be used. Review the text to identify those sources which will be most helpful in answering this question.

Steps in
Developing
a Needs
Assessment
Plan

- * Finally, plan how you will develop and use criteria for prioritizing needs. First, think about the important criteria decisions which need to be made and list these in the specific information section. It will help you to review the policy development section of the text to identify key criteria areas. Next, think about which groups or individuals need to be involved in the actual prioritizing process. List these groups under sources.

NEEDS ASSESSMENT PLAN

Question	Information Needed	Sources of Information
1. What are the VR related needs of clients?		
2. What services are needed to respond to these needs?		
3. What are this agency's priorities for providing these services?	36	

RESOURCE ASSESSMENT

Once client needs and corresponding service needs are identified and prioritized, you can examine the resources available to provide these services. There are several resource assessment procedures you can use to do this.

Type of Resources

There are three basic types of resources you will need to assess when developing your facility plan. These resources are:

- * Financial resources
- * Service provider resources
- * Types of services

Service Resources

Financial Resources

The management of financial resources to provide needed rehabilitation services is becoming more complex. Participants at the seminar stressed the fact that there is an increased need to consider other programs which provide similar benefits and to develop cooperative agreements with other agencies. This means that when assessing financial resources it is important for you to consider three main resource areas:

Types of Financial Resources

- * VR financial resources, including case service monies and grant monies for facility development.

- * Similar benefits, such as Veterans' Administration, SSDI, SSI, and Workmen's Compensation. Review Appendix C, "Consideration of Similar Benefits Checklist," to suggest various areas you might want to explore.
- * Cooperative agreements to share cost of services with other programs providing services to the disabled. See Appendix C, "Similar Benefits Directory," which was developed by the Virginia Department of Rehabilitation Services, for an overview of various programs with which cooperative agreements might be arranged.

Service Providers

VR can utilize a variety of different service providers. You will need to inventory all possible service providers in your service area.

The following list suggests some of these service providers:

Business	Trade Schools
Industry	Group Homes
Rehabilitation Facilities	Residential Programs
Speech and Hearing Facilities	Public or Private Transportation
Intermediate School Districts	Private Agencies
Hospitals	Craft Programs
Universities	Volunteer Programs
Post Secondary Educational	Other Agencies, both State and
Institutions	Federal

Types of Services

In addition to a simple inventory of service providers, there is a need to inventory the nature of the services which can be delivered by these service providers. Some possible categories of services include the following:

Extended Employment	Pre-vocational Evaluation
Home-bound Work Activities	Psychological Services
Job Placement	Remedial Education
Job Readiness	Social Services
Medical Evaluation	Speech and Hearing Services
Medical Management	Transitional Employment
Occupational Therapy	Vocational Counseling
Personal Adjustment Training	Vocational Evaluation
Physical Therapy	Work Adjustment Training

Methods of Assessing Resources

There are several methods of assessing resources. You will probably want to use some combination of these methods. These methods are:

- * On-site visits to rehabilitation facilities and other rehabilitation programs to assess the services they offer.
- * Mailed questionnaires which survey the services provided by the programs. See Appendix D, "The Ohio Rehabilitation Services Commission Survey of Rehabilitation Facilities," for an example of a mailed questionnaire which can be used to survey facility services.

How to Assess Resources

How to
Assess
Resources

- * Information from the VR facility section and case service staffs. Your own agency staff has a wealth of information about the types of services offered by various programs within the state.
- * Directories developed by other agencies which describe the services provided by programs. Use of these directories can reduce the amount of time you use to survey resources.
- * Your agency's management information system contains data which give information about past utilization of rehabilitation facilities. This can help you identify specific facilities, types of services they offer, and outcomes which have resulted from past utilization.

A Tentative Resource Assessment Plan

You may already have resource information available, or you may want to gather further information. The "Financial Resource Assessment Plan" on page 36 and the "Program Assessment Plan" on page 37 can guide your resource assessment efforts. Use these guidelines to develop your plans:

Steps in
Developing
a Resource
Assessment
Plan

- * First, look at the "Financial Resource Assessment Plan" and list the types of information you want to gather for each of the five financial resource areas. Then, list sources of information which can help you assess these resources.
- * Next, look at the "Program Resource Assessment Plan" and list how you will identify programs to

review and service areas to be assessed. Also, indicate procedures which will be used to collect the information.

FINANCIAL RESOURCE ASSESSMENT PLAN

Resource	Information Needed	Source of Information
1. VR Case Service		
2. VR Grants		
3. VR Other		
4. Similar Benefits		
5. Cooperative Agreements		

PROGRAM RESOURCE ASSESSMENT PLAN

1. How will you identify programs to be assessed?
2. Which service areas will you assess?
3. How will you collect the assessment information?

SETTING GOALS

An important part of facility planning is the development of specific goals for the use, improvement, and/or expansion of facility services. This goal setting process involves the following steps:

Steps in Goal Setting

- * Comparing client service needs which you identified through needs assessment activities to the availability of financial resources and facility services which you identified during your resource assessment
- * Developing a number of broad facility utilization strategies
- * Developing specific facility utilization and development goals

Comparing Service Needs to Service Resources

The "Needs-Resource Analysis" form on page 39 can help you identify goals for using existing facility services and for developing new services as needed. To complete the form, follow these steps:

Needs- Resource Analysis

- * First, list the service needs in priority order as developed during your needs assessment. This might initially be done at the local office level and then built into a state plan.
- * Second, review your resource assessment information to identify those facilities which can most effectively provide services to meet each need. List these facilities on your form.

NEEDS - RESOURCE ANALYSIS

Service Needs

Service Available

Service Needs To Be Developed

Needs-
Resource
Analysis

- * Third, for those needs where there are no current services provided by existing facilities, develop a goal statement which describes how the needed service will be developed.

Consider General Goal Areas

Before you develop specific facility utilization and development goals, it is helpful to think about these broad goal areas:

- * Increase agency utilization of existing facility services. You may have identified facilities which are being under utilized; therefore, a possible goal is to increase the utilization of services within existing facilities.

- * Adapt existing facility services to new client groups. It may be that some facilities are providing services which are needed, but that these services need to be adapted for specific client groups.

Broad
Goal
Areas

- * Develop new services in existing facilities. It may be that you have identified facilities which are providing a wide range of services to VR clients; however, there may be some service needs which these facilities are not able to provide. Another goal strategy is to support the development of new services in these facilities.
- * Develop new facilities. Participants at the training seminar indicated that limited VR funding was making it more difficult to develop new facilities and that, due to under utilization of existing facilities, there

may be less need for development than in the past. However, development of new facilities is still a possible goal strategy which you might want to consider.

Developing Specific Facility Utilization Goals

During the seminar, participants indicated that a past weakness often seen in VR agency facility plans is that they are too general. They have not typically specified the exact goals which are needed to achieve the effective utilization of facilities. Consequently, they have been difficult to implement, monitor, and evaluate. By reviewing your "Needs-Resource Analysis" form on page 39 and the general goal areas on page 40, you will be able to develop specific facility utilization and development goals which are related to client needs. These goal statements should describe the following:

- * What services will be provided or developed?
- * For what type of and how many clients?
- * By which rehabilitation facility?
- * With what type of VR support?
- * To be accomplished by what date?

Elements of a Goal Statement

Here is an example of a clear goal statement: Work evaluation services will be provided to 20 cerebral palsy VR clients by X facility to be supported by case service dollars during FY 1980. The "Goal Setting Form" on page 42 can be used to record the goals for your facility plan.

GOAL SETTING FORM

Service	Facility	Clients Type and Number	VR Support	Date Completed
Sample: Work Evaluation	X Facility	20 cerebral palsy clients	case service monies	September 1980

IMPLEMENTATION STRATEGIES

Goal setting provides a clear definition of exactly how your agency will utilize and/or develop facility services during a given time period. Often facility planning stops at the goal setting level. However, to insure the achievement of your facility-related goals, it is extremely helpful to include both an implementation and an evaluation plan in your written facility plan.

Some Implementation Strategies

Your facility plan states specific goals for the development and utilization of facility services. Often these goals will require changes within facilities. It is important for you to realize that these changes will occur only if the VR agency provides certain types of support to facilities. There are a number of strategies which you can consider when supporting facilities in the achievement of goals. These strategies are:

- * Coordination and consultation activities
- * Use of grant funds
- * Use of general agreements between the VR agency and the facility
- * Staff development and training activities
- * Ongoing monitoring of facility progress on stated goals

General Implementation Strategies

Coordination and Consultation Strategies

Coordination and consultation strategies involve a variety of procedures which support increased communication and understanding between the facility staff and your VR agency staff. This is crucial to the achievement of facility goals. The seminar participants indicated that often facilities would be more responsive to VR needs if these needs were communicated more clearly to the facilities. Some specific strategies related to coordination and consultation are:

- * Joint staff meetings between VR staff and facility staff to share information
- * Sensitivity training for the staff of the agency and the facility
- * Technical consultation for the facility provided through VR funding
- * Problem solving sessions to brainstorm solutions
- * VR facility section staff visitations to the facility
- * VR case service staff communication with facility to better understand the services provided
- * VR staff serving on coordinating councils within the facility and the local community

Consultation Coordination Strategies

Use of Grant Funds

VR grant funds are a major incentive for the development of new

facilities and expanded services within existing facilities. Plans for use of grant funds should be related to your previous needs assessment and resource assessment activities. Ideally, the use of grant funds will support the achievement of your specific facility utilization and development goals. Some things to consider when using grant funds are:

- * In requests for proposals (RFP) the agency should make clear specific facility development goals which are derived from your facility plan.
- * Grant monies might be used to improve existing services, to re-design services for new target groups, and to develop services where none now exist.
- * Grant monies can be used to reward facilities which have been responsive to specific VR client service needs.
- * The allocation of grant resources should be guided by issues relating to compliance of legislative mandates and overall quality of facilities as determined through accreditation procedures.
- * Grant monies may be solely VR monies or may be cooperatively arranged grants which are shared between VR and other agencies.
- * Grant monies should include both VR monies and matching funds from the facilities.

Consultation
Coordination
Strategies

General Agreements

The use of case service monies through general agreements with the

rehabilitation facilities is another major strategy for implementing VR agency facility goals. The participants in the seminar indicated that fuller utilization of rehabilitation facilities is an important goal. Development of the facility plan needs to consider these three key issues: full utilization of existing facilities, assurance of quality of services to VR clients, and income guarantees to facilities to support their continuing operation. Some specific areas to consider when developing a plan for the use of case service monies to purchase facility services are:

- * Develop mutual agreements between the agency and the facility which provide agreements for quality assurance and for the clarification of services which will be provided.
- * Develop accountability procedures which the facility will use to report to the VR agency.
- * When possible, develop comprehensive agreements which guarantee income to facilities. Such guarantees provide financial stability to facilities which offset ups and downs in referrals from the VR agency.
- * Inter-agency cooperation at the state level in developing agreements with facilities is another possibility. In some states, there are written agreements which address the level of funding which facilities will receive, not only from VR but from other agencies within the state.
- * Make public announcements of agreements which have been reached with facilities, thus communicating to

Case
Service
Funds
Strategies

the public the quality and level of utilization of specific facilities.

Staff Development and Training

Another implementation strategy is to help facilities arrange staff development and training activities. This strategy is particularly important when facilities are developing new services. Some possible staff development and training strategies are:

- * Coordinated training activities which are shared by the VR staff and facility staff
- * The use of RSA-funded training opportunities in universities, research and training centers, short-term training seminars, and continuing education units
- * VR staff participation in facility organizations and presentation at meetings of these organizations
- * VR staff arranged visits for the facility to other facilities providing similar services
- * Regular information exchange opportunities between VR staff and facility staff through such activities as monthly meetings

Staff Development Strategies

Monitoring

Monitoring of facility performance throughout the contract period can facilitate the achievement of goals. The clear statement of facility goals will provide a basis for monitoring activities. The following are

some sources of monitoring information:

- * On-site visits by VR facility section staff to monitor progress and to provide technical assistance
- * Periodic review of statistical information and data from the agency's MIS system and from counselor reports
- * Periodic review of reports which the facilities have submitted to the VR agency
- * Interviews and informal feedback from VR field staff, facility staff, and clients
- * Financial auditing information supplied by the facility
- * Reports from accreditation team visitations

Monitoring Strategies

Developing an Implementation Plan

You have just learned about a variety of implementation strategies. These are all good strategies which your agency can use to support facilities in the achievement of stated goals. In the previous section of this guide, you learned how to develop specific goal statements. The development of implementation strategies must be linked to specific facility utilization or development goals. Following is an example of an implementation plan linked to a goal.

SAMPLE IMPLEMENTATION PLAN

Goal: Work evaluation services will be provided to 20 cerebral palsy VR clients by facility X to be supported by case service dollars during FY 1980.

Implementation Strategies:

1. VR sill sign a mutual agreement with agency X to fund at the level required for the 20 work evaluations. Funding will be forwarded to the facility at a consistent rate on a quarterly basis (strategy: general agreement).
2. VR staff will arrange for the staff in facility X to visit facility Y in another area of the state which is already doing work evaluation with cerebral palsy clients (strategy: staff development/training).
3. A VR facility specialist will visit facility X on a quarterly basis to provide consultation and technical assistance (strategy: consultation/coordination).
4. Facility X will forward quarterly reports to the VR facility section describing its progress toward the goal (strategy: monitoring).

As you can see, the sample plan gives the facility goal statement and lists four specific implementation strategies which the agency can use to insure achievement of the goal.

As you develop your facility plans, it will be helpful if, once you have established your specific facility goals, you develop an implementation plan to guide the achievement of each of your goals. You may want to use the "Implementation Plan" form on page 50 to help you develop implementation strategies for your own facility goals.

IMPLEMENTATION PLAN

Goal:

Implementation Strategies:

1.

2.

3.

4.

EVALUATION DESIGN

The goal of facility planning is to identify those client service needs which can most appropriately be met through the purchase of services from rehabilitation facilities. Your initial facility plan is a best guess about which facility services should be utilized. However, once your initial plan has been established, it is important to collect evaluation information which will help you determine the following:

- * To what extent are the goals stated in your facility plan being achieved?
- * How effective have the goals stated in your facility plan been in meeting identified client service needs?
- * Which facility services seem to be most effective in meeting specific types of client service needs?
- * Is your agency's use of facilities coordinated to insure maximum utilization of existing facilities?

Evaluation Questions

Achievement of Facility Goals

You learned in the section on goal setting that facility goals should be stated clearly and should include a description of what service will be provided, to whom, by what facility, at what VR expense, and by what date. These clear goal statements provide criteria for evaluation. Through use of information collected through monitoring reports, VR staff visits to the facility, and case service records, you will be able to determine the extent to which each of your stated facility goals were achieved.

Appropriateness of Facility Planning Goals

As you developed your facility plan, you selected facility utilization and development goals which you felt would effectively respond to your estimates of client service needs. Another evaluation consideration is the extent to which your facility goals have been effective in meeting actual client service needs. Several sources of information can help you address this evaluation area. You can analyze information from your management information system which indicates the extent to which the actual service needs of clients parallel your estimated service needs as stated in the plan. You may also want to get information from facility staff and VR staff regarding the extent to which services provided seemed appropriate for actual client needs. The planning process is always a delicate balance between estimating needs and analyzing actual needs. Continued refinement of your facility plan will depend on your looking at the appropriateness of your stated facility goals as they relate to actual client needs.

Relative Effectiveness of Services

Many different rehabilitation facilities provide similar services. One of the questions you might want to address is the extent to which the services provided by one facility are more effective in responding to client needs than those provided by another. You may want to work cooperatively with your agency's program evaluation unit staff to design special studies or special analyses of existing management information data to determine the relative effectiveness of similar services provided by several facilities within your state.

Maximum Utilization of Existing Facilities

During the seminar, participants stressed the importance of looking at maximum utilization of existing facilities. A key dilemma at this point in time, which is related to facility planning, is the under-utilization of facilities. During recent years, there has been a period of rapid development of new facilities. Too often, once grant monies have been used to develop facilities, VR field service staff do not support the continuation of the facilities through referral and allocation of case service monies. A delicate balance is needed here. It is crucial for VR to purchase those services which are most needed by VR clients and to insure the quality of all services. However, if facilities cannot depend on funding levels from VR, it is difficult to maintain quality and develop new services to respond to the changing needs of VR clients. Therefore, VR needs to work cooperatively with facilities to coordinate the agreements which will guide facility utilization. A final evaluation area you may want to address is the extent to which facilities are being fully utilized. This can be determined by comparing information from your facility goals and facility monitoring reports to your resource assessment information which indicates the potential service capacities of facilities.

Developing Your Evaluation Plan

This section has reviewed four main areas of evaluation which are related to facility planning. As you develop your facility plan, you will want to design specific evaluation procedures which will be used

related to each of these four evaluation areas. As you develop your evaluation plan, it will be helpful if you work cooperatively with your agency's program evaluation unit staff. The form on page 55, "Evaluation Plan," can help you develop your evaluation plan. Note that this plan lists the four areas of evaluation and then asks you to list specific sources of data which you will collect to answer evaluation questions in each of these areas. This form is intended to be a stimulus to help you develop specific evaluation procedures.

EVALUATION PLAN

1. Achievement of facility goals as stated in the facility plan

Data to be collected:

2. Appropriateness of stated facility goals compared to actual client needs

Data to be collected:

3. Relative effectiveness of facilities in providing the same services

Data to be collected:

4. Degree of utilization of existing facilities

Data to be collected:

SUMMARY: AN OUTLINE FOR A STATE AGENCY FACILITY PLAN

Most of this guide has described a variety of procedures you can use to develop your agency's facility plan. During training, the participants were also interested in determining what should be contained in a written state agency facility plan. This outline is intended to suggest key sections you might want to include in your plan.

1. Policy Statement. A description of policy statements which have guided the development of the facility plan.
2. Needs Assessment. The results of needs assessment studies you have conducted, including information about anticipated client needs, VR services required to respond to these needs, and an indication of the priorities assigned to the identified service needs.
3. Resource Assessment. The results of resource assessment information you have analyzed, including a description of the financial resources available to fund VR services, and an inventory of programs in the state with a description of services provided by each program. It will be helpful to include information about the current level of utilization of existing rehabilitation facilities.
4. Needs - Resource Analysis. An analysis of the estimates of VR client needs compared to the current availability of services. This should include a summary of needs for which there are currently no available services.
5. Goal Statements. A listing of specific goals for the development and/or utilization of rehabilitation facilities by your

agency, including what services are needed, for whom, to be delivered by which facility, with what VR agency support, and by what date.

6. Implementation Strategies. A description of the specific implementation strategies which will be used to insure the achievement of each of your stated goals.
7. Evaluation Design. A description of procedures which will be used to collect evaluation information related to four broad evaluation areas, including the achievement of facility goals, the appropriateness of stated facility goals, the relative effectiveness of similar facility services, and the degree of utilization of existing facilities.

APPENDIX A

COMPREHENSIVE LIST OF SERVICE NEEDS*

*From: Ohio Rehabilitation Services Commission, State Facilities Plan.
Columbus: ORSC, October, 1978.

A. TRANSPORTATION

1. Area-wide (city/county) accessible transportation (public/private)
 - a. can accomodate wheelchairs
 - b. to get to service providers
 - c. to get to jobs
2. Inexpensive transportation
3. Central transportation facility/services

B. HOUSING/RESIDENTIAL FACILITIES

1. Temporary/transitional (toward family/independent living)
 - a. dormitories/housing for persons in rehabilitation program (single rooms/shared rooms)
 - b. group homes
 - c. foster homes
 - d. halfway houses
 - e. intermediate medical care living center
 - f. supervised apartment living
2. Long-term housing (supervised)
 - a. alternative housing to institutional living
 - b. group homes
 - c. family homes
 - d. foster homes
 - e. apartment living (clusters)
3. Accessible apartments for independent living
 - a. individual apartments/clustered apartments
 - b. integrated with able-bodied
 - c. segregated

4. Housing/residential services
 - a. skilled nursing services
 - b. attendant care
5. Housing programming
 - a. for independent living
 - b. social/recreational
6. Other specialized housing/services
 - a. respite housing/care
 - b. day care centers for adults
7. Funding
 - a. third party payment for housing

C. INDEPENDENT LIVING

1. Independent living center/creative living center
2. Programming
 - a. life skills training
 - b. activities of daily living
 - c. home management
 - d. mobility/travel training
 - e. community orientation training/utilization of available community resources
 - f. development activities
 - g. habilitation/rehabilitation services (non-vocational)

D. RECREATION/SOCIALIZATION

1. Social skills
2. Avocational skills
3. Leisure time activities
4. After work/weekends

E. SHELTERED WORKSHOPS/WORK ACTIVITY CENTERS

1. Sheltered workshops (more facilities/job slots)
 - a. long-term/extended employment
 - b. transitional programming
 - c. for higher level mentally retarded persons
 - d. for developmentally disabled persons
 - e. for persons with history of mental illness
 - f. for blind persons
2. Work Activity Centers (more facilities/slots)
 - a. for severely mentally retarded
 - b. for severely physically disabled and other disability groups
3. Intermediate sheltered facility between a sheltered workshop and a work activity center

F. EXPANDED AND IMPROVED AVAILABILITY AND DELIVERY OF REHABILITATION

1. Services and service delivery needs
 - a. Comprehensive services to serve the following disability categories:
 1. severe physical disabilities
 - a. higher intellectual functioning severely physically disabled
 2. mental illness
 3. mental retardation (over 50 I.Q.)
 4. deafness and hearing impairments
 - a. family counseling
 - b. interpreter services
 - c. services to elderly deaf
 - d. pre-school deaf
 5. blindness and visual impairments

6. deafness and blindness
7. mental retardation and mental illness
8. developmental disabilities
9. neurological impairments
10. brain damage
- b. Specific vocational rehabilitation services
 1. diagnostic services
 2. occupational therapy
 - a. at reasonable cost
 - b. sliding scale or ability to pay
 3. physical therapy
 - a. to maintain level of functioning
 4. hearing and speech services (speech/language pathology; audiology services)
 - a. to elderly
 - b. speech services to mentally retarded persons
 5. medical services
 6. psychiatric services
 - a. psychotherapy
 7. counseling
 8. dental services
 - a. for mentally retarded persons
 9. ophthalmological services
 - a. for mentally retarded persons
 10. prosthetic and orthotic clinics
 11. psychological services
 - a. for severely disabled persons

12. psychological counseling
 - a. for physically handicapped persons/families
13. vocational assessment/work evaluation
14. expansion of mobility training services
 - a. transportation training (use of)
15. specific skill training services
16. follow-up services
- c. Facilitation of services
 1. better understanding of the relationship between facility and RSC
 2. quicker access to medical exams, specialists' exams, and physical capacities testing
 3. earlier referral
 4. shorter work evaluation programs for non-severely handicapped persons
 5. earlier vocational planning for severely disabled persons
 6. shorter lag time
 7. flexible client programming (less paperwork/less rigidity)
 8. more individualized services
 9. general improvement and more efficient delivery of existing services
 10. better coordination of service delivery
 11. expansion of services
 12. localized services to eliminate referral to out-of-county sources
 13. centralized local case management for severely disabled and deinstitutionalized persons
 14. longer periods in programming to become competitively employable (too early terminations)

- d. Related service needs
 - 1. information on adaptive equipment; sources for adaptive equipment
 - 2. use of language specialists in county programs for mentally retarded persons
 - 3. coordination of out-patient rehabilitation services
 - 4. BVR and BSB services to those deemed not feasible for "quick closure"
- 2. Rehabilitation program needs
 - a. Work evaluation
 - 1. specialized for severe physically disabled and multi-disabled persons
 - 2. localized
 - b. Work adjustment
 - 1. for educable mentally retarded persons
 - 2. for severely multi-disabled persons
 - 3. localized
 - c. Skill training programs
 - 1. more variety
 - 2. in electronic data processing
 - 3. in clerical fields
 - 4. for severely disabled persons, particularly developmentally disabled persons and leading to competitive jobs
 - d. Basic/remedial education
 - e. Prevocational training
 - 1. for under 16 years of age
 - 2. for other than mentally retarded persons
 - f. Meeting the educational/vocational needs of school-aged youth with disabilities
 - 1. mainstreaming programs

- g. Interpersonal skills training
- h. Community-based workshop programs for institutionalized persons
- i. Community-based psychiatric treatment programs
- j. Work/study programs for educable mentally retarded persons
 - 1. situational assessment
 - 2. community work experience
- k. Homemaker training
 - 1. Homebound
 - 1. work activities program
 - 2. at-home therapy program
 - 3. at-home hearing evaluations
 - 4. home care programs
- m. Orientation-to-rehabilitation programs
- 3. Rehabilitation facility needs
 - a. Sheltered workshops (see E)
 - b. Work activity centers (see E)
 - c. General and comprehensive rehabilitation facilities
 - 1. in rural counties
 - d. Physical medicine and rehabilitation centers
 - e. Establishment of satellite facilities
 - f. Dormitory facilities
 - g. Accessible OT/PT/speech therapy facility
 - h. Rehabilitation engineering laboratory
 - i. Emergency shelter for psychiatric crisis treatment to help clients avoid hospitalization
 - j. In-patient medical facilities
 - k. Cardiac treatment center

1. Alcoholic detoxification center
- m. Medical center to include primary and specialty care health services
4. Rehabilitation facility administration and operation needs
 - a. More funding for costs not covered by Medicaid, e.g., dental
 - b. More subcontracts
 - c. Information and source of special equipment
 - d. Technical assistance
 1. sources
 2. to implement NISH/State Use programming
 - e. Subsidization of the handicapped person who can only function in a sheltered workshop
- G. JOB DEVELOPMENT/JOB MODIFICATION/JOB PLACEMENT
 1. Increase competitive employment opportunities
 2. Eliminate/reduce employer discrimination in employment of disabled persons
 3. Modification of equipment and materials
 4. More Projects-With-Industry (PWI)
 - a. Industry slots to evaluate, train, and place handicapped workers
 - b. More intensive and realistic job training
 - c. Transitional sheltered slots in business and industry
 - d. More on-the-job training in regular business and industry
 5. Job modification/adaptation for deaf persons
 6. Promote Sections 503 and 504 of the Rehabilitation Act
 - a. Affirmative attitude and action on the part of employers
 7. Placement opportunities for severe and profound multi-handicapped and physically handicapped persons

8. Transitional step between work activity center and regular employment
9. Job coach services
10. Extended work experience opportunities through CETA
11. Sheltered employment slots in business and industry
12. Use of "biological engineering" with severely disabled persons
13. Employment opportunities for non-mentally retarded developmentally disabled persons
14. Sheltered employment for developmentally disabled persons
15. Better understanding between industries and rehabilitation facilities

H. PARENT/COMMUNITY INFORMATION AND EDUCATION

1. Parental and community education regarding rehabilitation, handicapping conditions
2. Public relations program designed to educate the public about mentally retarded and other developmentally disabled persons, and abilities of handicapped persons
3. Public education
4. Centralized program information center
5. Educational materials and opportunities for parents to assist in coping, knowing what services are available, and how to access these services

I. SOCIAL ACTION IN AREA OF REHABILITATION

1. Architectural barrier removal/accessibility
2. Outreach to involve disabled persons in existing community programs
3. A more consistent and united activity on the part of the handicapped and their friends as to what their needs and rights are
4. Advocacy
5. Advocacy group to be catalyst for expansion of services
6. Legal aid services
7. Social services

8. Self-help organizations
9. Radio-reading services for blind persons
10. Community support systems for deinstitutionalized persons (mental retardation and mental illness)
11. Community acceptance
12. Insurance coverage (third party payment) for rehabilitation
13. Generate willingness, funds, and personnel training to meet service needs within existing facilities
14. Centralized local case management for severely disabled and deinstitutionalized persons
15. Services and treatment for disabled poor persons
16. Develop existing community resources, e.g., retired senior volunteers
17. Early care and education; early referral
18. Life scope services to epileptic persons, under management of a central agency
19. Promotion of "normalization" concept
20. Prevention of disability
21. Disability education

J. REHABILITATION: STATE-OF-THE-ART; TECHNOLOGY

1. Upgrading rehabilitation personnel
2. Training additional rehabilitation personnel
3. More comprehensive and refined work evaluation
4. Better work evaluation techniques
5. Biomedical engineering

APPENDIX B

CONSIDERATION OF SIMILAR BENEFITS CHECKLIST*

From: Ottmar, C. & Corthell, D. Report of the Study Group on Similar Benefits. Fifth Institute on Rehabilitation Issues. Menomonie, Wisconsin: Research and Training Center, Stout Vocational Rehabilitation Institute, University of Wisconsin-Stout, May 23-25, 1978, p. 93.

CONSIDERATION OF SIMILAR BENEFITS CHECKLIST

This checklist on services affected by the similar benefits provision* is to be filed with the IWRP in the client's case folder. Enter a check(s) X to indicate benefits available to client.

RESTORATION

☐ Bureau of Indian Affairs
☐ County Health Department
☐ Dialysis Grants
☐ Family
☐ Federal Civil Service
☐ Rehabilitation
☐ Insurance
☐ Medicaid
☐ Medicare
☐ Mental Health Centers

☐ Private Endowments
☐ Railroad Medical Benefits
☐ Service Organizations
☐ Shriners Hospital and Burns
Center
☐ State Hospitals
☐ Veterans Benefits
☐ Workmens Compensation
☐ Other (Specify) _____

TRAINING

☐ BEOG
☐ Bureau of Indian Affairs
☐ CETA
☐ College Loans and Scholarships
☐ Family
☐ Federal Civil Service
☐ Rehabilitation
☐ Insurance

☐ Job Corps
☐ Private College Grants
☐ Private Endowments
☐ Veterans Benefits
☐ Workmens Compensation
☐ Other (Specify) _____

MAINTENANCE

☐ AFDC
☐ Bureau of Indian Affairs
☐ CETA
☐ College Loans and Scholarships
☐ Family
☐ Federal Civil Service
☐ Rehabilitation
☐ General Assistance
☐ Insurance

☐ Private Endowments
☐ Social Security Suvivor Benefits
☐ SSDI
☐ SSI
☐ Unemployment Compensation
☐ Veterans Benefits
☐ Workmens Compensation
☐ Other (Specify) _____

OTHER VR SERVICES Specify _____

*Similar benefits provision means that vocational rehabilitation must draw upon other programs and resources to provide any appropriate services or financial assistance available to the handicapped individual.

APPENDIX C

SIMILAR BENEFITS DIRECTORY*

*From: Virginia Department of Rehabilitation Services, Similar Benefits Directory. Richmond: Special Projects Division, 1978.

PROGRAM	RECIPIENT OF SERVICE	ELIGIBILITY CRITERIA	SERVICES (BENEFITS)	CONTACT PERSON
Medicaid	*Adult **Child	*1. Welfare Recipients other than G.R. *2. S.S.I. Recipients (some exceptions) *3. Category related medically needy persons *4. Recipients of auxiliary grants **1. Welfare Recipients other than G.R. **2. S.S.I. Recipients **3. AIC-related children who are financially eligible (must be a dependent minor child living with a relative of proper degree and deprived of parental support on basis of: (a) Death, (b) Incapacity, or (c) Absence of a parent) (Eligibility criteria does not vary from locality to locality, however, there are three (3) groupings of localities for application for income levels.)	The Services offered by the Medical Assistance Program: 1. Generally prescription drugs;* 2. X-rays ordered by doctor; 3. Clinic services; 4. Screening examinations (under age 21); 5. Doctors' services, home, hospital, nursing home, elsewhere; 6. Laboratory tests ordered by doctor; 7. Home health services; 8. Dental care (under age 21); 9. Nursing home care; 10. Emergency ambulance services; 11. All hospital services--Inpatient hospital stays are limited to 14 days with an extension up to 21 days when medically necessary; 12. Family planning services; 13. Special services--You must get pre-authorization from a local Health Department before you seek the following medical services: (a) Eyeglasses--There will be a \$2.00 charge for eyeglasses, payable to the provider on receipt of the glasses. In most cases, there will be a similar charge for repairs; (b) Eye examinations; (c) Oxygen and Respiratory equipment; (d) Dialysis equipment and supplies and Ostomy supplies necessary to maintain individual in the home; (e) Other equipment and supplies required for individual admitted to a Home Health Program and (f) Non-emergency transportation. * Co-pay .50 per prescription and refill.	Local Welfare Agency
Medicare	Adult	1. Social Security Disability Beneficiaries who have been entitled to payments for 24 consecutive months are eligible for Part A. To be eligible for Part B, the individual must pay a premium (presently \$8.20 per month). 2. Disabled Railroad Retirees if they have received cash benefits for 24 consecutive months since 7/1/73. 3. Dependents who qualify as a disabled Adult/Child under Social Security Disability Benefits. 4. Adults must be 65 years of age or older and have necessary quarters of work coverage. 5. Anyone who has renal failure for a minimum of three (3) months (diagnosed and dialyzed for three (3) months). 6. Anyone who has a renal transplant.	The Services offered by Medicare are: Part A - HOSPITAL INSURANCE 1. Medically necessary inpatient <u>hospital</u> care; 2. Inpatient care in skilled nursing facility; 3. Care in the home by a Home Health Agency. \$124 Deductible each Benefit Period Part B - MEDICAL INSURANCE* 1. Medically necessary doctor's services (includes): (a) Medical and Surgical services; (b) Diagnostic Tests and Procedures that are part of your treatment; (c) Other services which are	Local Social Security Office

PROGRAM	RECIPIENT OF SERVICE	ELIGIBILITY CRITERIA	SERVICES (BENEFITS)	CONTACT PERSON
CIAMMUS (Continued)			B. Out-patient: 1. Doctors' services 2. Drugs or medicine ordered by prescription 3. Prosthetic/Orthotic braces/equipment 4. X-rays 5. Therapies (speech, hearing, psychiatric, PT) 6. Diagnostic laboratory test 7. Blood Out-patient Deductible: A CIAMMUS beneficiary is responsible for first \$50 of reasonable charges during federal FY. CIAMMUS pays 80 percent of reasonable charges for spouses and children of active duty members. CIAMMUS pays 75 percent of reasonable charges for retirees, spouses and children of deceased active duty members and spouses and children of deceased retirees after the deductible has been met.	
	Adult *Child and/or Spouse	1. A dependent of an active duty military service member who has a serious physical handicap or is moderately or severely mentally retarded. 2. Prior approval of request for health benefits under the Program for the Handicapped (Form 190a) is required.	II. PROGRAM FOR THE HANDICAPPED Care/services/equipment which is needed for the rehabilitation of the dependent.	See CIAMMUS Advisor at nearest military service base
CIAMMVA	*Spouse, Child, Widow, Widower	1. Dependent of a veteran rated totally and permanently disabled due to service connected conditions or of a deceased veteran who dies while so rated, or as a result of a service connected disability. 2. Dependent not eligible under "Basic CIAMMUS Program", Medicaid or Medicare Program. * If surviving spouse remarries, benefits will be terminated but may be reinstated at termination of remarriage.	Same as Basic Program.	Complete VA Form 10-10d, "Application for Medical Benefits for Dependents and Survivors" and send to: VA Regional Office 201 Franklin Road, SW Roanoke, VA 24011
State-Local Hospitalization	Adult Child	1. Individual unable to pay for hospitalization. 2. Husband, parent or guardian is unable	1. In-patient and Out-patient hospitalization for medical care. 2. Diagnostic procedures while hospital-	Local Authorizing Agent as appointed by Local Governing Body which

PROGRAM	RECIPIENT OF SERVICE	ELIGIBILITY CRITERIA	SERVICES (BENEFITS)	CONTACT PERSON
Medicare (Continued)			ordinarily furnished in the doctor's office, i.e., (1) X-rays as part of your treatment; (2) Services of a nurse who is under the direction of a doctor; (3) Drugs and Biologicals that cannot be self-administered; (d) Medical supplies and equipment. 2. Out-patient hospital services (includes): (a) Services in emergency room or out-patient clinic; (b) Laboratory tests billed by the hospital; (c) X-rays and other radiology services billed by the hospital; (d) Medical supplies (i.e., splints, casts); (e) Drugs and biologicals which cannot be self-administered. 3. Out-patient physical therapy and speech pathology services offered at: (a) Doctor's office; (b) Independently practicing therapist in his office or in your home; (c) Participating hospital, skilled nursing facility, home health agency, clinic, rehabilitation agency, or public health agency. 4. Other services and supplies: (a) Diagnostic tests provided by independent laboratories; (b) Ambulance transportation; (c) Prosthetic devices; (d) Durable medical equipment; (e) Portable diagnostic X-ray services; (f) Medical supplies. * Medical Insurance will pay 80 percent of reasonable charges (after the first \$60 annually for medical services). RS may pay 20 percent deductible cost if needs criteria met.	
CHAMPUS	Adult *Child and/or Spouse	1. Dependents of active duty uniformed service members, retired members, and their dependents and surviving dependents. * If individual lives within 40 air miles of military hospital, he must go to the military hospital and request service. They will provide service or issue a non-availability statement which can be carried to any hospital and treatment will be granted. After 30 days under basic program, a request for health benefits under basic program extended hospitalization is required.	1. <u>BASIC PROGRAM</u> A. In-patient (Individual admitted with expectation of remaining at least 24 hours): 1. Hospitalization 2. Medical services 3. Surgical treatment 4. Doctors' services 5. Therapies (Psychiatric, OT, PT) 6. Medicines and drugs Co-payment for other than active service is 25 percent of the reasonable covered medical charges.	Contact Blue Cross/ Blue Shield Office: CHAMPUS Blue Cross of Southwestern Virginia P. O. Box 13828 Roanoke, VA 24034 Toll Free Phone: 1-800-542-5829

PROGRAM	RECIPIENT OF SERVICE	ELIGIBILITY CRITERIA	SERVICES (BENEFITS)	CONTACT PERSON
State-local Hospitalization (Continued)		to pay for hospitalization. 3. Hospital care is not available under another program. Eligibility may vary in each locality.	ized. 3. Out-patient care in Health Department clinics. (Does not include physician services)	generally is either the Local Welfare Agency or Local Health Department
Hill-Burton Uncompensated Care	Adult Child	1. Same financial criteria as Medicaid.	1. Hospitalization	Local Hospital
Insurance (Except Workmen's Compensation Cases)	Adult Child	1. Individuals have valid medical, accident or disability policy. 2. If accident, other party should have auto, medical coverage, homeowners policy or liability coverage.	Vary with policy, however, might include: 1. Hospitalization 2. Diagnostic procedures 3. Surgery 4. Therapy 5. Prosthesis 6. Training 7. Other support services	Individual, then Local Insurance Agent
Title XX	Adult Child	Each mandated service has certain mandated eligible groups and mandated service components. Persons who may be eligible for Optional Services include: 1. SSI recipients 2. AIC recipients 3. Income eligible - those persons who have financial resources at or less than 50 percent of state median income or 70 percent of state median income if deaf, visually handicapped, mentally retarded, cerebral palsied, epileptic or autistic.	<u>Mandated services</u> to be offered at local level: 1. Adoption services 2. Day care to children 3. Early and periodic screening, diagnosis and treatment (EPSDT) 4. Employment services 5. Family planning 6. Foster care to children 7. Information and referral 8. Protective services for children 9. Services to SSI recipients Optional services which may be offered by Local Welfare Agency for particular categories of eligible persons as specified in the local Title XX Plan. 1. Counseling and treatment services 2. Case management services 3. Chore services 4. Companion services 5. Court services 6. Day care to adults 7. Day care to children 8. Educational and training services 9. Emergency needs services 10. Foster care services for adults 11. Family and personal adjustment counseling	Local Welfare Agency

PROGRAM	RECIPIENT OF SERVICE	ELIGIBILITY CRITERIA	SERVICES (BENEFITS)	CONTACT PERSON
Title XX (Continued)			12. Protective services to aged, infirm or disabled adults 13. Health related services 14. Homemaker services 15. Housing services 16. Interpreter services 17. Legal services 18. Nutrition related services 19. Socialization/Recreation services 20. Services to specified disabled individual 21. Transportation services 22. Vocational rehabilitation for WIN 23. WIN medical and remedial services	
		Universal access services available without regard to income.	1. Adoption services 2. Court services 3. Emergency shelter for children 4. Family planning 5. Foster care service for children 6. Information and referral service 7. Protective service for adults 8. Protective service for children	
Veterans Administration	Adult	1. Chapter 31--Vocational Rehabilitation Disability Service Connected a. Maximum entitlement of 48 months. b. From 9 to 13 years of "any qualified" disabled veteran. c. Life time benefits possible for "seriously disabled" veterans.	1. Tuition and fees paid to facility. 2. Books and supplies paid to facility. 3. Tools paid to facility. 4. Subsistence allowance paid to veteran. School/Facility approved for RS Specialist	Complete VA Form 22-1904 "Disabled Veterans Application for Vocational Rehabilitation" and send to: VA Regional Office 210 Franklin Road, SW Roanoke, VA 24011
	Adult	2. Chapter 34--G.I. Bill a. All veterans including those with non-service connected disabilities. b. Must have had at least 181 days active duty, any part of which occurred after January 31, 1955, but before January 1, 1977. c. Forty-five (45) months maximum entitlement. d. Ten (10) years from date of separation to use benefits.	1. Educational assistance allowance paid to veteran. 2. Tutorial assistance. 3. Work study allowance. 4. Education loan program. Training/Educational school must be approved by VA. (W.W.R.C. not eligible)	Complete VA Form 22-1904 "Veteran's Application for Program of Education or Training" and send to: VA Regional Office 210 Franklin Road, SW Roanoke, VA 24011 Toll Free Phone: 1-800-542-5826
	Widow, Widower, Spouse, Child	3. Chapter 35--Dependents Educational Assistance Program a. Child of a veteran who is deceased or permanently and totally disabled due to a service connected disability.	Child/Adult 1. Educational Assistance Allowance a. Institutional b. Apprentice/OJT c. Farm	Child completes 22-5490. 5490(W) is for spouse, widow, widower. Complete VA Form 22-5490(W) "Application for Educational

PROGRAM	RECIPIENT OF SERVICE	ELIGIBILITY CRITERIA	SERVICES (BENEFITS)	CONTACT PERSON
Veterans Administration (Continued)		b. Child must be age 18 or graduated from High School or if handicapped may start to use benefits at age 14 (can apply at age 16). c. Widow, widower, spouse, child of veteran maximum entitlement of 45 months. d. Ten (10) years to use benefits for widow, widower or spouse from veterans death or start of eligibility. e. Child usually not eligible for benefits after 26th birthday.	Widow/Widower/Spouse 1. Educational Assistance Allowance a. Institutional b. Apprentice/JAT c. Farm d. Correspondence Course must be VA approved.	Assistance" and send to: VA Regional Office 210 Franklin Road, SW Roanoke, VA 24011 Toll Free Phone: 1-800-542-5826
Industrial Commission	Adult Child	1. Employer having insurance coverage as identified under the Virginia Workmen's Compensation Act (three or more employees). 2. Employees injury and/or occupational disease must be work related. DRS staff should not become involved in the medical management of an IC case. When this is an issue, contact DRS/IC Liaison.	1. Reasonable and necessary vocational rehabilitation training services for injuries occurring after 5/31/75. a. Training tuition b. Maintenance c. Instructional supplies d. Books and tools e. Uniforms (if required for training) 2. Physical Restoration a. Medical information b. Hospitalization c. Surgery d. Prosthetic/Orthotic appliances e. Therapy (occupational, physical, speech, audiological) 3. Lifetime medical coverage on residual from injury occurring after 12/31/73.	Agency Industrial Commission Liaison Counselor: Mr. John M. Dedeian Room 405, Blanton Bldg. Bank and Governor Sts. Richmond, Va 23219
Welfare	Adult Child	Generally when an individual: 1. has no source of income or; 2. income is insufficient to meet his basic need; 3. is unable to work due to a disability; 4. is mentally/physically unable to care for self and/or family; 5. is deprived of parental support; 6. in the opinion of the court, is unable to receive necessary care in his own home may be placed in another residual setting.	1. Services listed under Title XX and/or 2. Services listed under State-Local Hospitalization and/or 3. Referral for Medicaid and/or 4. Referral for Medicare and/or 5. Food Stamps 6. Income Grant Assistance a. AIC b. GR - optional of local level c. Auxiliary Grants	Local Welfare Agency
Federal Educational Grant	Adult Child	1. *Economically eligible individuals attending approved: a. Colleges	1. Eligible individuals will receive "entitlements" of one-half the cost of the Educational Institution, not to exceed \$1,600 per year.	Financial Aid Officer at Educational Institution

PROGRAM	RECIPIENT OF SERVICE	ELIGIBILITY CRITERIA	SERVICES (BENEFITS)	CONTACT PERSON
Federal Educational Grant (Continued) 1. Basic Educational Opportunity Grant		b. Community/Junior colleges c. Vocational schools d. Technical institutes e. Hospital schools of nursing f. Other select post-high school institutions 2. Only for undergraduate student. 3. Course curriculum at least 6 months in duration. 4. Student must be enrolled at least as half-time student. 5. Individual is a citizen or permanent resident of United States. * As determined by the BEOG Program.	* Not Repayable by the client.	
2. National Direct Student Loan	Adult Child	1. *Economically eligible individuals attending post-secondary educational institutions. 2. Undergraduate and graduate student might be eligible. 3. Student must be enrolled at least as half-time student. 4. Individual is a citizen or permanent resident of the United States. * As determined by NDSL Program.	Loan may be up to a total of: 1. \$2,500 if individual is enrolled in a vocational program or has completed less than 2 years of a program leading to a bachelor's degree; 2. \$5,000 if the student is an undergraduate student who has completed 2 years of study toward a bachelor's degree; 3. \$10,000 for graduate study. (This includes the amount borrowed for undergraduate). Repayable by the client. Repayment begins 9 months after graduation or leaving school for other reasons. Interest is 3 percent on loan. Up to 10 years is allowed to pay back the loan. Cancellation provision is applied if individual is employed in select occupational fields.	Financial Aid Officer at Educational Institution
3. Supplemental Educational Opportunity Grant	Adult Child	1. *Economically eligible individuals attending post-secondary educational institutions. 2. Only for undergraduate or vocational students. 3. Individual must be enrolled at least as half-time student. * As determined by SEOG Program.	1. Grant is not less than \$200 or more than \$1,500 a year. a. Maximum of \$4,000 for 4 year program. b. Maximum of \$5,000 for 5 year program. 2. Educational institution will provide individual a grant equal to the SEOG. Not repayable by the client.	Financial Aid Officer at Educational Institution
90				91

PROGRAM	RECIPIENT OF SERVICE	ELIGIBILITY CRITERIA	SERVICES (BENEFITS)	CONTACT PERSON
4. College Work-Study Program	Adult Child	*Economically eligible individuals attending an approved post-secondary educational institution. - Graduate, undergraduate and vocational students might be eligible. - Individual must be enrolled at least as half-time student. * As determined by OMS Program.	- In arranging a job and determining how many hours a week a student may work, the financial aid officer will take into account: - The student(s) need for financial assistance. - Student's class schedule. - Student's health and academic progress. - Generally salary received is at least equal to the current minimum wage.	Financial Aid Officer at Educational Institution
5. Guaranteed Student Loan Program	Adult Child	- Enrolled or accepted for enrollment in an eligible college, university, school of nursing, or vocational, technical, trade, business, or home-study school. - To qualify for federal interest subsidy on a loan, the student's family gross adjusted income must be less than \$25,000. - Graduate and undergraduate student might be eligible. - Individual enrolled at least as half-time student.	- Loan made payable to individual. - Loan up to \$2,000 per year with a maximum of \$7,500 for undergraduate program. - Maximum of \$15,000 for graduate and professional school. (This includes any loan made at undergraduate level.) Repayable by the client.	Any Bank, Credit Union, Savings and Loan Association or any other participating lender. Financial Aid Officer at Educational Institution might assist the individual. OR Virginia State Educational Assistance Authority 501 East Franklin St. Suite 311 Professional Building Richmond, VA 23219 OR Virginia Education Loan Authority 104 - 106 North 6th St. Richmond, VA 23219
State/Educational Assistance Program				
1. Tuition Assistance Grant and Loan Program	Adult Child	- Not based on financial need. - Residents of Virginia. - Only awarded to individuals going to the State's eligible private educational institutions. - Individual enrolled full-time at an approved post-secondary educational institution in Virginia.	Maximum award per year is \$500.	Financial Aid Officer at Educational Institution OR State Council of Higher Education for Virginia 700 Fidelity Building Ninth and Main Streets Richmond, VA 23219

PROGRAM	RECIPIENT OF SERVICE	ELIGIBILITY CRITERIA	SERVICES (BENEFITS)	CONTACT PERSON
		5. The amount of the grant cannot exceed tuition and when added to other assistance cannot exceed the total educational cost. 6. Not available for graduate students.		
2. College Scholarship Assistance Program	Adult Child	*1. Based on sufficient financial need. 2. Resident of Virginia. 3. Individual enrolled full-time at an approved post-secondary educational institution in Virginia. 4. Grant available to students enrolled in public and private educational institution. 5. The amount of the grant cannot exceed tuition and cannot exceed computed need when added to other resources. 6. Not available for graduate students. * As determined by CSA Program.	1. Amount awarded is from \$200 to \$800 per year.	Financial Aid Officer at Educational Institution OR State Council of Higher Education for Virginia 700 Fidelity Building Ninth and Main Streets Richmond, VA 23219
3. Local/Other Educational Grant	Adult Child	There are educational awards made by individual educational institutions, unions, foundations, clubs, organizations and businesses. The counselor and the individual should contact the aforementioned parties to determine eligibility for these awards.	There are educational awards made by individual educational institutions, unions, foundations, clubs, organizations and businesses. The counselor and the individual should contact the aforementioned parties to determine the availability of these awards.	
National Association for Retarded Citizens (On-the-Job Training Project)	Adult Child (16 yrs. & above)	1. Individual be mentally retarded (may have other handicaps). 2. I.Q. score of 80 and below. 3. Must meet <u>one</u> of the following criteria: a. unemployed b. underemployed c. economically disadvantaged 4. Employment must average at least 35 hours per week. 5. If individual is in Special Education Program, he must be in his terminal year of in-school programming and average at least 20 hours of training per week.	On-the-job training in any business, however, the following <u>cannot</u> be reimbursed by the NARC/OJT: 1. A federal agency (State or local government is permissible). 2. Agencies, non-profit or otherwise who are involved in the rehabilitation or care of mentally retarded persons. 3. Garment industry. 4. Churches.	C. W. Witt, Jr. Field Coordinator NARC/OJT Project 827 East Main Street Suite 1803 Richmond, VA 23219 Telephone: 804/649-9650
Bureau of Crippled Children	Adult (under 21 years of age) Child	1. An individual established in Virginia under 21 years of age who, with reasonable assurance will remain in the state long enough for treatment plans to be carried out.	All referrals for services must be made through local health departments. <u>PROGRAMS:</u>	

PROGRAM	RECIPIENT OF SERVICE	ELIGIBILITY CRITERIA	SERVICES (BENEFITS)	CONTACT PERSON
		2. Handicapped individuals who are medically indigent, specifically individuals with cystic fibrosis and hemophilia.* 3. Individual is reasonably considered habilitatable or rehabilitatable by the medical specialist.	Central clinics have hospitalization and surgery capabilities. Field clinics provide case finding, treatment and follow-up with surgery at a central clinic.	
		* Sliding Fee Schedule Applicable.	1. <u>Child Amputee:</u> Amputee Board (orthopedist, physical therapist and occupational therapist) provide clinic services, prosthetic devices, physical and occupational therapy, stump care, gait training, etc. When necessary, amputation, revision, etc., provided in hospital.	<u>Central Clinics:</u> Arlington, Norfolk, Richmond and Roanoke
			2. <u>Rheumatoid Arthritis:</u> Provides evaluation and treatment, including hospitalization, for children with acute rheumatoid arthritis as well as management of children with the crippling condition.	<u>Central Clinic:</u> Richmond
			3. <u>Burn:</u> Hospitalization and follow-up care for acute burns in the Burn Surgery Unit at the Medical College of Virginia. Old burn scars managed through the Plastic Surgery Program.	<u>Central Clinic:</u> Richmond
			4. <u>Pediatric Cardiology:</u> Provides diagnosis and treatment for all cardiac conditions affecting children including rheumatic fever and congenital heart disease.	<u>Central Clinics:</u> Charlottesville, Fairfax, Norfolk and Richmond <u>Field Clinics:</u> Bristol, Lynchburg, Nassawadox, Portsmouth, Roanoke, Suffolk. Rheumatic Fever in Harrisonburg
			5. <u>Cerebral Palsy:</u> Cooperative agreements established with Cerebral Palsy Clinics whereby orthopedic appliances and hospitalization	<u>Central Clinics:</u> Arlington, Charlottesville, Newport News, Portsmouth, Richmond

PROGRAM	RECIPIENT OF SERVICE	ELIGIBILITY CRITERIA	SERVICES (BENEFITS)	CONTACT PERSON
			for orthopedic surgery are provided by Bureau of Crippled Children.	and Kingsport, Tennessee
			6. <u>Cystic Fibrosis:</u> (Any age group) Multidisciplinary approach to the management of the child with cystic fibrosis, including drugs, mist therapy, physical therapy, etc.	<u>Central Clinics:</u> Charlottesville and Richmond <u>Field Clinics</u> Fairfax, Norfolk and Wytheville
			7. <u>Defective Hearing:</u> Furnishes full audiological testing, corrective surgery and management including hearing aids.	<u>Central Clinics:</u> Abingdon, Bristol, Charlottesville, Fairfax, Harrisonburg, Norfolk, Richmond, Roanoke and Winchester
			8. <u>Dental Component of the Facial Deformities Program:</u> Provides specialized dental services (dental work under anesthesia, orthodontia, prosthodontia) upon request of dentists in the State.	<u>Central Clinics:</u> Charlottesville and Norfolk
			9. <u>Eye Surgery:</u> All types of eye surgery with exception of acute accidents and acute glaucoma.	<u>Central Clinics:</u> Bristol, Richmond, Roanoke, Norfolk and Fairfax
			10. <u>Facial Deformities:</u> Rehabilitation for cases of cleft lip and palate and other congenital anomalies involving face and jaw. Provides speech therapy, dental, orthodontic and prosthodontic treatment.	<u>Central Clinics:</u> Charlottesville, Newport News, Norfolk, Richmond and Roanoke
			11. <u>Hemophilia:</u> (Any age group) Multidisciplinary approach to the many problems in the full management of children with hemophilia and other bleeding conditions.	<u>Central Clinics:</u> Charlottesville and Richmond

PROGRAM

RECIPIENT
OF SERVICE

ELIGIBILITY CRITERIA

SERVICES (BENEFITS)

CONTACT PERSON

12. Child Neurology:

Mainly services children with seizures but covers all treatment types of neurological conditions. Team includes neurologists, psychologists, social workers and educational specialists.

Central Clinics:

Charlottesville,
Norfolk and Richmond

Field Clinics:

Abingdon, Fairfax,
Hampton, Heathsville,
Lynchburg, Nansemond
City, Nassawadox,
Norton, Roanoke, South
Boston and Winchester

13. Neurosurgery:

Treatment of children with correctible neurosurgical pathology, such as spina bifida with meningocele, hydrocephalus, tumors, craniosynostosis, etc.

Central Clinics:

Charlottesville,
Norfolk, Richmond and
Roanoke

14. Orthopedic:

Truly a statewide program. Provides diagnosis, physical therapy, hospitalization, follow-up and orthopedic appliances for children with bone, joint or muscular conditions including multiple-handicapped.

Central Clinics:

Arlington, Charlottesville,
Fairfax,
Norfolk, Portsmouth,
Richmond and Roanoke

Field Clinics:

Accomac, Bedford,
Bristol, Chatham,
Christiansburg, Covington,
Danville, Farmville,
Fredericksburg,
Galax, Grundy, Hampton,
Harrisonburg, Heathsville,
Jonesville,
Lebanon, Lexington,
Luray, Marion, Martinsville,
Nassawadox,
Newport News, Norton,
Pearisburg, Pulaski,
Rustburg, South Boston,
Tazewell, Winchester
and Wytheville

15. Plastic Surgery:

Covers all types of plastic surgery including congenital, post-traumatic, and post-burn deformities and contractures, hemangiomas, etc.

Central Clinics:

Charlottesville,
Newport News, Norfolk,
Richmond and Roanoke

PROGRAM	RECIPIENT OF SERVICE	ELIGIBILITY CRITERIA	SERVICES (BENEFITS)	CONTACT PERSON
			16. <u>Pediatric Surgery:</u> Encompasses a broad field of surgery for infants and children with congenital or acquired defects of the chest and gastrointestinal tract. 17. <u>Pediatric Urology:</u> Full diagnostic services for children with urological problems. Surgery provided for correctible urological pathology such as fistulas, dilatation, cysts, occlusions or strictures of the urinary system including neurogenic bladder. 18. <u>Endocrinology:</u>	<u>Field Clinics:</u> Nassawadox <u>Central Clinics:</u> Charlottesville, Norfolk and Richmond <u>Central Clinics:</u> Charlottesville, Norfolk, Richmond and Roanoke <u>Field Clinic:</u> Norton <u>Central Clinic:</u> University of Virginia Hospital
Local Mental Health Clinic Including Mental Health Centers and Community Service Boards (Chapter 10)	Adult Child	- Generally resident of geographic area served by the clinic. - Sliding fee scale* * Under no circumstances will an individual be refused services because of inability to pay.	- In-patient Services - persons requiring 24 hour care - short-term evaluation and short-term intensive treatment - Out-patient Services - full range of clinic services - individual, group and family services - Day care and other partial hospitalization - Emergency services - Specialized services for children - Specialized services for the elderly - Consultation and education services - Assistance to public agencies - Follow-up care - Transitional half-way house services - Alcoholism and alcohol abuse services - Drug abuse services - Liaison and diagnostic services	Local Director of Mental Health Clinic, Mental Health Center and/or Community Service Board (Chapter 10)

PROGRAM	RECIPIENT OF SERVICE	ELIGIBILITY CRITERIA	SERVICES (BENEFITS)	CONTACT PERSON
Local Health Department Clinics	Adult Child	1. Resident of the geographic area served by the clinic. 2. Medically indigent.* 3. Individual requests a service offered by the Local Health Department. * Sliding Fee Schedule Applicable.	Clinic services will sometimes vary because of individual need, staff specialist available and other program restrictions. Health Departments will have the following clinics: 1. General medical 2. Initial cripple children evaluation 3. Pre-marital blood test and referral 4. Dental clinic 5. Home Health services 6. Tuberculin test/control 7. Venereal disease 8. Family planning 9. Mental after care 10. Pharmacy 11. Routine immunization Services for the aforementioned clinics usually consist of diagnostic and evaluation, treatment and follow-up including home visits.	Local Health Department Director
Other (Organizations, Associations, Unions, Clubs, Private and Public Agencies, Foundations, Fellowships, etc.)	Adult Child	Vary with individual party.	Vary with individual party.	Local Representative
Comprehensive Employment Training Act (CETA)	Adult Child (of work age)	1. Individual is economically disadvantaged. 2. Individual is unemployed or *under-employed. 3. Generally individual must reside in geographic area served by specific Prime Sponsor. (Effective 10/1/78 VEC will certify eligibility for all BOS programs.) * Working less than 36 hours per week.	1. Classroom training 2. Job development 3. On-the-job training 4. Public service employment 5. Work experience 6. Placement 7. Job counseling 8. Follow-up (30-60-90 days) 9. Other support services which <u>may</u> include: a. Counseling b. Transportation c. Health care and medical services d. Dependent care e. Residential support f. Securing bonds g. Family planning and voluntary basis h. Legal services	Local Prime Sponsors and Local Area Manpower Planning Council

PROGRAM	RECIPIENT OF SERVICE	ELIGIBILITY CRITERIA	SERVICES (BENEFITS)	CONTACT PERSON
Social Security Disability Income (SSDI)	Adult, Child and/or Widow, Widower	1. A working individual becomes disabled at age 18 or older. 2. Disabled adult child, widow and widower. a. Disability prevents individual from doing any substantial gainful work, and b. Is expected to last (or has lasted) for at least 12 months.	1. Cash benefits after determination of disability. 2. One trial work period unless off roles more than 5 years. 3. Earnings during trial work period do not affect monthly benefit payments. 4. Termination of benefits are based only on medical factors or demonstrated ability to engage in Substantial Gainful Activity. 5. Medical coverage provided by Medicare. 6. Incarcerated inmates may receive benefit payments while confined.	Local Social Security Office Representative
Social Security Income (SSI)	Adult	1. If individual's income and/or resources fall below a certain level. 2. If individual's physical illness prevents him from working and has lasted or will last for 12 months or more, or could lead to death. 3. Medical diagnosis of "legally" blind. 4. Individual must be either a citizen or alien lawfully admitted to permanent residence in U.S.	1. Cash benefits which may be immediate. 2. Trial work periods, however, only <u>one</u> trial for same disability. 3. Earnings at anytime may affect monthly case payment. 4. Termination of benefit may result from medical or non-medical factors. 5. Medical coverage provided by Medicaid if approved for Medicaid by Welfare. 6. Incarcerated inmates will not receive payments while confined.	Local Social Security Office Representative
Agency Cooperative Agreements, Contracts and Guidelines	Adult Child	DRS Client	Vary with program Refer to Appendix II, Volume IV which includes: 1. Department of Welfare 2. Virginia Commission for the Visually Handicapped 3. Virginia Employment Commission 4. Department of Health 5. Veterans Administration 6. Various Contracts with Mental Hospitals 7. Various Contracts with Local School Systems 8. Guidelines for Trust Fund and Supplemental Security Income Programs 9. Guidelines for serving Industrial Commission clients	As appropriate

APPENDIX D

THE OHIO REHABILITATION SERVICES COMMISSION SURVEY
OF REHABILITATION FACILITIES*

*From: Ohio Rehabilitation Services Commission, State Facilities Plan.
Columbus: OPSC, October, 1978.

The Ohio Rehabilitation Services Commission Survey of Rehabilitation Facilities

1. IDENTIFICATION OF FACILITY

Legal Name of Facility: _____

Address: _____

Executive Director: _____ Telephone Number: _____

Name, Title, and Telephone of person making this report: Name: _____

Title: _____ Telephone Number: _____

If Agency has other branch workshops and/or rehabilitation facilities please complete a questionnaire for each:

Satellite Name: _____ Address: _____

Contact Person: _____

Title: _____ Telephone Number: _____

- () Public
() Private Non-Profit
() Other (specify) _____

- () Unit Affiliated with a Center, Institution
or Parent Organization
() Autonomous

Accreditation Status

- () Commission on Accreditation of Rehabilitation
Facilities (CARF)
() National Accreditation Council (NAC)
() American Speech and Hearing Association (ASHA)
() Other (specify) _____

Department of Labor Certification (Federal)

- () Work Evaluation and Training Certificate
() Sheltered Workshop Certificate
() Work Activity Center Certificate
() Individual Rate Certificates

2. TYPE OF REHABILITATION FACILITY (check one)

- () Medical Rehabilitation Facility
() Vocational Development Facility
() Sheltered Workshop

- () Work Activity Center
() Speech and Hearing Center
() Other (specify) _____

Approximate size of your facility _____ square feet.

3. WHAT SERVICES DO YOU PROVIDE (check those provided)

- () Occupational Therapy
() Physical Therapy
() Prevocational Evaluation
() Vocational Assessment/Work Evaluation
() Remedial Education
() Personal Adjustment Training
() Activities of Daily Living
() Mobility Training (blind)
() Work Adjustment Training
() Psychological Services
() Social Services
() Recreational Services
() Vocational Counseling
() Vocational Skill Training
() Work Activities (Employment)
() Job Readiness
() Job Placement
() Client Transportation
() Dormitory Services
() Residential Services

Medical

- () Medical Management
() Dental
() Ophthalmological
() Other Medical (specify) _____

Speech and Hearing

- () Audiological
() Speech Pathology
() Other (specify) _____

Orthotic and Prosthetic

- () Clinic (specify) _____
() Testing
() Fitting
() Training

Sheltered Workshop

- () Transitional Employment
() Extended Employment
() Homebound Work Activity
() Other (specify) _____

4. PROGRAM DATA

In the spaces designated, fill in the number of professional staff for each service provided. If a professional staff member divides his time between several services, please indicate the time spent in each service. Using a decimal system, a full-time position (40-hours/week) would equal "1.0," a 20-hour-week would equal ".5" and an 8-hour-week would equal ".2," etc. Combine part-time positions to compute the number of equivalent full-time positions.

Programs of Service	Professional Staff													Number of persons served per last fiscal year	Actual Persons Enrolled December 31, 1977	Capacity	Average Daily % of Capacity
	Dentist	Physician	Psychiatrist	Registered Nurse	Occupational Therapist	Physical Therapist	Audiologist	Speech Therapist	Mobility Instructor	Skill Instructor	Psychologist	Social Worker	Professional Vocational Specialist	Production Supervisor			
Voc. Assessment/Work Eval.																	
Pers/Work Adjustment																	
Vocational Skill Training																	
Job Skills/Job Placement																	
Sheltered Workshop																	
Work Activity Center																	
Medical Rehabilitation																	
Speech/Audiological																	
Psychological Services																	
Social Adjustment																	
Other																	

5. BUDGET INFORMATION (use last fiscal or calendar year and attach copy of annual report)

	Operating Expenses 12 Months Actual	*Earned Income	**Support Public Funding	Support United Fund
Vocational Development Programs (Work Evaluation, Work Adjustment, Skill Training, Job Skills-Job Readiness, Placement, etc.)	\$ _____	\$ _____	\$ _____	\$ _____
Sheltered Workshop	\$ _____	\$ _____	\$ _____	\$ _____
Work Activity Center	\$ _____	\$ _____	\$ _____	\$ _____

*Earned Income: Production, sales and fees for services, including fees from HSD, etc.

**Public Funding: Operating levy, state reimbursement, state or federal grants for operational costs

Note: The above information will be used in aggregate data only

6. DISABILITY GROUPS SERVED (check groups served)

- | | |
|---|---|
| ☐ Alcohol Abusers | ☐ Hemophilia |
| ☐ Drug Abusers | ☐ Arthritis and Rheumatism |
| ☐ Deaf and Hard of Hearing | ☐ Poliomyelitis |
| ☐ Speech Impairments | ☐ Spinal Cord Injuries |
| ☐ Blind and Visually Impaired | ☐ Amputees |
| ☐ Cerebral Palsy | ☐ Neurological Disorders: |
| ☐ Cystic Fibrosis | including Strokes and Epilepsy |
| ☐ Muscular Dys trophy | ☐ Other Orthopedic Deformities |
| ☐ Multiple Sclerosis | or Functional Impairments |
| ☐ Respiratory or Pulmonary Disorders | ☐ Mental and Emotional Illness |
| ☐ Renal Failure | ☐ Mental Retardation |
| ☐ Cancer | ☐ Other (specify) _____ |
| ☐ Heart Disease | |

7. PLEASE LIST ANY PROGRAMS OF SERVICE DEVELOPED TO SERVE A SPECIFIC DISABILITY GROUP.

8. IDENTIFY AND RANK BY PERCENTAGE THE COUNTY OR COUNTIES FROM WHICH THE MAJORITY OF YOUR CLIENTS ARE REFERRED. PLEASE LIMIT THIS NUMBER TO NO MORE THAN NINE.

_____	_____	_____
_____	_____	_____
_____	_____	_____

9. PLEASE IDENTIFY AND RANK BY PERCENTAGE YOUR MAJOR SOURCES OF CLIENT REFERRALS.

_____	_____
_____	_____
_____	_____

10. THE FOLLOWING QUESTIONS SHOULD BE ANSWERED ON A SEPARATE SHEET.

- What are the unmet needs of disabled persons residing in your community? Rehabilitation needs?
- What services, programs and facilities need to be developed in the counties which you serve? By whom?
- What plans do you have under consideration for expanding or improving services, programs, and facilities in the next two years?
- If funding were available, what plans would you have for improvement or expansion of rehabilitation services?

Please return the questionnaire to:
John A. Caprio, Project Coordinator
Division of Community Resources
Ohio Rehabilitation Services Commission
4656 Heaton Road
Columbus, Ohio 43229
(614) 466-2330

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